

TO THE DISTRICT COURT OF _____ COUNTY,

STATE OF UTAH

NOTICE OF CONDITIONAL RELEASE

Local Mental Health Authority

In the Matter of:

Patient

Facility

The above-named patient has been conditionally released from this facility on the _____ day of _____, 20_____, with the judicial order of involuntary commitment intact. The conditions of the release have been agreed to in writing by the patient.

Dated this _____ day of _____, 20____.

Signature

Title

TREATMENT PLAN UPON WHICH CONDITIONAL RELEASE IS BASED:

Patient Signature